



DAILY SCISSORS LIFT SAFETY INSPECTION

Date: _____ Job Site: _____

Inspector: _____ Equipment I.D.# _____

Week Ending: _____ Rental Company: _____

Mark "OK" for no correction

Mark N/A for not applicable

Mark "C" for correction needed

	M	T	W	T	F	S	S
1. ROUTE OF TRAVEL/WORKING AREA FREE OF OBSTACLES, CORDS, FLOOR ELEVATION CHANGES, RAMPS & DEBRIS?							
2. Check 'Operating' and 'Emergency' controls.							
3. Check visual /audio safety devices							
4. Check emergency stops and tilt sensor							
5. Check upper control override							
6. Visually check for hanging wires; bent, broken, missing or loose parts							
7. Visually check air hydraulic, oil and fuel systems							
8. Placards, warning labels, control markings present and readable?							
9. Rated capacity and maximum travel height plates present?							
10. Operating manuals present?							
11. If installed, inspect condition / operation of outriggers / stabilizers							
12. Visually check condition / operation of front axels, steering mechanism, tires, wheels, brakes, lug nuts, pins, etc.							
13. Visually check battery for leaks / fluid levels							
14. Guardrails / toe boards in place and in serviceable condition?							
15. Work platform clean, no holes or cracks & slip resistant surface?							
16. Check condition of access ladder and safety chain							
17. Check condition / operation of platform extension							
18. Check for electrical wires / overhead obstructions (i.e. HVAC Ducts, Sprinklers / Overhead Power Lines)							
19. Adequate ventilation for gas / propane powered units?							

- All listed 'Inspection' items have been inspected.
- Items marked 'C' have been corrected or need corrective action.
- See next page.

RETAIN IN JOBSITE SAFETY BINDER

REMOVE INSPECTION PAD WHEN RETURNING EQUIPMENT

DEFICIENCY / RECOMMENDATION REPORT

The following correction action(s) have been made to items marked 'C' on the previous page. Indicate whether the item is a deficiency 'D' or a recommendation 'R'. Enter the item number and the date of the inspection.

D / R	Item # - Date	Corrective Action	Date Corrected
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____	
		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____	
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		Rental Co. called <input type="checkbox"/> Yes <input type="checkbox"/> No & Date : _____ Contact Name: _____ _____ _____	